SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





18-0480 Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No p Checks are made pay DO NOT START CONS	yable to: B	ayfield C	ounty Zoning	Department. —		field Co. Zoning	Dept	17	FILL OUT	IN INK (NO PE	NCII)	
TYPE OF PERMIT F					ANITAR	M	CONDITION					-
Owner's Name:	LQUES		LAINI	JUSE S		ng Address:	CONDITIONA	/State/Zip:	PECIAL L		Telephon	OTHER
5110		5.	(00)			-			-		215 7	763 3702
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22320		·U	, -		City	State/Zip.	AL EL .	=16	279		cen i non	ic.
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rominacion.	nE	•				ME	Plumber.				Plumber	Pnone:
Authorized Agent: (-	t Phone:	Agent Mailing Ad	dress (include C	ity/State/2	Zip):	Written A	Authorization
											Attached	
PROJECT					Tax II	 D#	2			Recorded Docu	☐ Yes ment: (Sho	□ No wing Ownership)
LOCATION	Legal	Descrip	tion: (Use T	ax Statement)			934				7 54	
			Gov't Lot	Lot(s)	CSM			s) No. Block	(s) No.			4
1/4,		L/4				1053/902	CONTROL DESCRIPTION OF THE PROPERTY OF		1	Subdivision:	Prati	7, -
Section 22			11.			- / (,		Lot Size	Acreag	<u> </u>
Section 4	, Tow	nship _	79 N, R	ange <u> </u>	_ W	G	rand Vi	PM	- 1		7.0.00	,-
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☐ Shoreland →						Control of the second				Floodpla		Present?
	□ IS I	roperty	//Land Withir	n 1000 feet of		nd or Flowage vescontinue		cture is from S	_	eet		☐ Yes ☐ No
□ New Chausland										et	.0	_ 110
☐ Non-Shoreland												
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of Completion							bedrooms			nt Type of		Type of Water
* include donated time &		Proje	ct	# of Sto	ries	Foundation	in	S		Sanitary System		
material				o marie			structure		Is on th	e property?		on property
	□ Nev	v Const	truction	☐ 1-Story		☐ Basement	□ 1	Municip	al/City			☐ City
,	⊯≪Ado	lition/	Alteration	☐ 1-Story	+ Loft	☐ Foundation	□ 2			Specify Type: _		
1500	☐ Cor	version	n	☐ 2-Story		ROST	_ 3	(Exists)	ts) Specify Type:			
W	☐ Relo	ocate (e	xisting bldg)	· NO	心ご			t) or 🗆	☐ Vaulted (min 200 gallon)			
			ness on			Use	None	☐ Portable	(w/servi	rvice contract)		
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If you recently purchased the property send your Recorded Deed

Show Location of:

Proposed Construction North (N) on Plot Plan

Show / Indicate: (2) (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show: Show: (5)

All Existing Structures on your Property

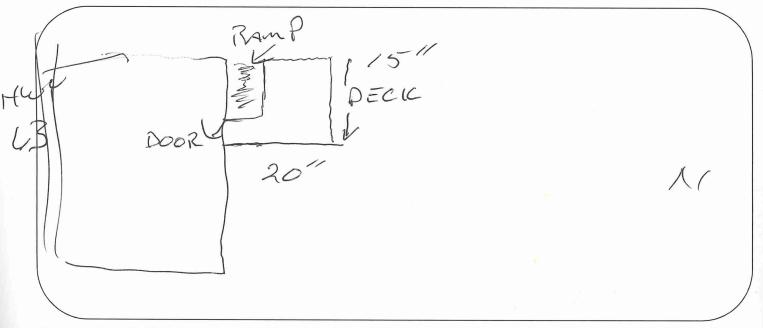
Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*): (7)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measur	ement
	7	l l	5.			
Setback from the Centerline of Platted Road	*	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	60	Feet		Setback from the River, Stream, Creek	\ /	Feet
				Setback from the Bank or Bluff	X	Feet
Setback from the North Lot Line	15	Feet				
Setback from the South Lot Line	60	Feet		Setback from Wetland \		Feet
Setback from the West Lot Line	60	Feet		20% Slope Area on the property	Yes	□No
Setback from the East Lot Line	50	Feet		Elevation of Floodplain	X	Feet
					1	
Setback to Septic Tank or Holding Tank	1	Feet		Setback to Well	50	Feet
Setback to Drain Field		Feet			00	10000000000
Setback to Privy (Portable, Composting)		Feet				

er previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 18-0480	Permit Date: //-2	4-18						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes Deed of Record Yes Y	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No				
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by ☐ Yes ☐ No	/ Variance (B.O.A.)	. #:				
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No ✓ Yes □ No	ATP	Were Property Line	es Represented by Owner Was Property Surveyed	Yes				
Inspection Record: ATF		10		Zoning District (
Date of Inspection: 1/8/18	Inspected by:	Alber		Date of Re-Inspection:				
Signature of Inspector: Hold For Sanitary: Hold For TBA: Hold F	Condition: 0 practices sh erosion or properties o shall be obta	Construction site besit all be implemented to sedimentation onto reversal was aligned. From a Construction of the sedimental sedimen	t management to prevent any neighboring ry permits	Date of Approval: 1/26/6				

City, Village, State or Federal May Also Be Required

SANITARY - City SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0480 Issued To: Pavloski Shanks Partnership LLC														
Location:	-	1/4	of	_	1/4	Section	22	Township	45	N.	Range	6	W.	Town of	Grand View
Gov't Lot			L	₋ot		Blo	ck :	3 Su	bdivisio	n Vi	llage of	Pra	tt Par	t of	CSM#

For: Commercial Principal Addition / Alteration: [1- Story; Deck (20' x 15') = 300 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary permits shall be obtained from a commercial building and structures inspector.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 26, 2018

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

OCT 08 2018

Permit #:	18-0486
Date:	11-29-18
Amount Paid:	\$175 10-16-18
Refund:	

Attach Copy of Tax Statement the property send your Recorded Deed

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONS	TRUCTION	N UNTIL A	ALL PERMITS H	IAVE BEEN ISSUED TO APP	LICANT.	lass A		FILL OUT	IN INK (NO	PENCIL)			
TYPE OF PERMIT R	REQUEST	ΓED→	☐ LANI	USE SANITAR		CONDITIONA		SPECIAL	USE 🗆 B.		OTHER	H	
Owner's Name:	Λ	~		Maili	ng Address:	City	/State/Zip:	5	4821	Teleph	one: (715)		
Patricia	H	Ca	rev	46-	365 E. Jack	sou Laker	d. Cab	le, W.	I		0-8607		
Address of Property				City/S	State/Zip:		,	,		Cell Ph	one:		
46365 E.	Sack	S01 1	Lake K	d. Ca	ble, WI	5482	1			Dei	בותר		
Contractor:	aig N	land	shey			lumber:				Plumb	er Phone:		
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PROJECT LOCATION	Legal	Descrip	tion: (Use T	ax Statement)	16957				2008	Riment: (S	Showing Ownership		
LOCATION			Gov't Lot	Lot(s) CSM	-	Doc# Lot(s) No. Blo	ck(s) No.	Subdivision		5, 5, 5,	_	
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22		la la	111		Town of:				Lot Size	Acre	eage	_	
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X Shoreland —				1000 feet of Lake, Por		Distance Stru	ictura is from		FIOOL	iplain Zone Yes	? Present?		
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6/73 Fron Lake Rd, Fron River, WI 54847

w or Sketch your Property (regardless of what you are applying for) Fill Out in Ink – NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: (2) North (N) on Plot Plan Show Location of (*): (3) (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: $(*) \ \textbf{Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) \ \textbf{Holding Tank (HT)} \ and/or \ (*) \ \textbf{Privy (P)}$ Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6) Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)See attach ment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	ent		Description	Measurem	ent
Setback from the Centerline of Platted Road	220+	Feet		Setback from the Lake (ordinary high-water mark)	75+	Feet
Setback from the Established Right-of-Way	190+	Feet		Setback from the River, Stream, Creek	NA	Feet
				Setback from the Bank or Bluff	NA	Feet
Setback from the North Lot Line	35+	Feet			,	
Setback from the South Lot Line	105+	Feet	N/	Setback from Wetland	NA	Feet
Setback from the West Lot Line Lake	N.A	Feet		20% Slope Area on the property	-	No
Setback from the East Lot Line Town Road	NA	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	8	Feet		Setback to Well	12	Feet
Setback to Drain Field	20	Feet			100	
Setback to Privy (Portable, Composting)	MA	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

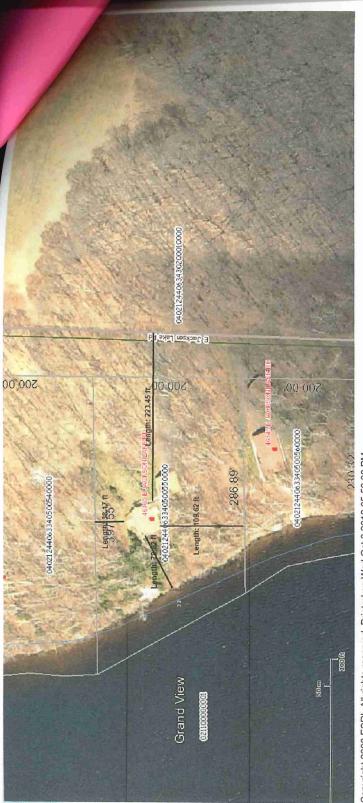
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 16	599	Sanitary Date: 5/20/60					
Permit Denied (Date):	Reason for Denial:			7 11/100				
Permit #: 18-0486	Permit Date: //-	19-18						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recon Yes (Fused/Contigue) Yes Yes	d)	Mitigation Required Mitigation Attached	☐ Yes ☐ No☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No				
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:	inted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.)							
Was Parcel Legally Created Was Proposed Building Site Delineated ☐ Yes ☐ No	existing	Were Property Line	es Represented by Owner Was Property Surveyed	Yes				
Inspection Record:				Zoning District (R-1) Lakes Classification (A)				
Date of Inspection: 10/19/16 Condition(s): Town, Committee or Board Conditions Attach	Inspected by: Ched? Yes No – (If	No they need to be atta	ched)	Date of Re-Inspection:				
Signature of Inspector:	Condition: Max based upon s dwelling. Must Dept for licensi	imum occupancy limit septic system desig contact Bayfield Cou ng as required by Sta wn regarding room tax	ted to <u>8</u> In for the unty Health ate Statute	Date of Approval: 1/28/14				
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	davit: 🗆	Hold For Fees:	or Fees:				



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City, Village, State or Federal
May Also Be Required

AND USE - X
SANITARY - 16599
SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-	0486			Issued	d To: Eu	gene	& Patricia	Carey	/W	lIKE F	R	MIC	- AGe	nt
Location:	-	1/4	of	_				Township							Grand View
Par in Gov't Lot	5			ot		Blo	ck	Sul	bdivisio	'n				CSM#	
GOVILOI	3			.ot		DIO	CK	Su	Daivisio)[] 				CSIVI#	

For: Residential Other: [1 – Unit; 1- Story; Short-term Rental]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maximum occupancy limited to 8 based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 29, 2018

Date